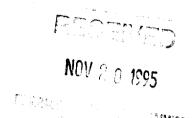
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November 20, 1995



BY HAND

Mr. William F. Caton, Acting Secretary Federal Communications Commission 1919 M Street, N.W., Room 222 Washington, D.C. 20554

DOCKET FILE COPY ORIGINAL

Re: Replacement of Part 90 by Part 88 to Revise the

Private Land Mobile Radio Services and Modify the Policies Governing Them, PR Docket No. 92-235

Dear Mr. Secretary:

This letter is submitted on behalf of Hewlett-Packard Company ("HP") in response to Paragraph 52 of the Commission's <u>Report and Order</u> in the above-captioned proceeding, 10 FCC Rcd., 10076, 10106 (1995) (the "Refarming Decision"), in which the Commission has solicited views regarding the consolidation of user categories in the Private Land Mobile Service.

HP is vitally concerned with this matter because of the need, also recognized in the Refarming Decision, to establish areas in the 450-470 MHz band for low power operations, including critical medical telemetry devices, which is related to the Commission's goal of consolidating frequency user categories Id. at 10110. The Bureau has recognized the interrelationship of these issues and, in response to HP's request, has placed a freeze on applications for high power operations on 12.5 kHz offset channels, heretofore reserved for low power use, pending the resolution of the frequency consolidation process and the establishment of dedicated frequencies for low power use. See Public Notice, "Freeze on the Filing of High Power Applications for 12.5 kHz Offset Channels in the 450-470 MHz Band" DA-1771, released August 11, 1995.

Since the issuance of the <u>Refarming Decision</u>, HP diligently has been seeking a solution to these issues. HP has contacted other low power users to obtain information on their requirements, participated in meetings of frequencies coordinators held under the auspices of the Land Mobile Communications Council ("LMCC"), and prepared and submitted to the LMCC a proposed framework for

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addressing low power use in the band, a copy of which, previously submitted in this docket as part of *ex parte* presentation, is attached to this letter.

Unfortunately, as the Commission is no doubt aware, the LMCC and representatives of affected industry groups have failed to reach agreement on the consolidation of user categories. Furthermore, while in HP's judgment it is possible to decouple the issues and establish a general purpose very low power zone in the 450-470 MHz band, industry representatives with whom HP have met have been unable to do so. In any event, it is now clear that the various industry groups will not, on their own, be able to reach consensus on a plan for addressing user category consolidation or low power use. The Commission, therefore, should step in to take a more active role in the process, as indicated in <u>Refarming Decision</u>.

Accordingly, HP recommends that the Commission reopen the refarming docket and invite industry representatives to participate in a negotiated rulemaking proceeding, in which the Commission can take an active role to resolve the different issues at hand.

Even in such a proceeding, HP has no illusions that reaching consensus will be easy, but HP is convinced that until and unless this process is undertaken there will be no way effectively to implement much of the <u>Refarming Decision</u>. Unless user categories can be consolidated and the use of the band reorganized so as, among other things, to create a place in the band dedicated to very low power operation, the issue of new high powered channels versus existing low power use will inevitably

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devolve into a negative sum game, where each channel newly authorized for high power use forces multiple low power units out of operation and denies an essential health care service to cardiac patients.

Respectfully submitted,

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Enclosure

cc: (with enclosure):
Robert H. McNamara
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Kathryn Hosford
Ira R. Keltz

Outline of 450-470 MHz Proposal for Medical Telemetry

The following proposal is based on several basic principles:

- The number of usable channels available for medical telemetry should not be reduced. Reducing the number of channels available for medical telemetry would force hospitals to cut back on the number of telemetry beds that they currently use to monitor at-risk cardiac patients. Without a sufficient number of telemetry channels, hospitals would either have to cable these patients directly to monitors, reducing the opportunity for therapeutic exercise, or forego monitoring them at all. Furthermore, a reduction would be inconsistent with the Commission's position that refarming is designed to increase use of the spectrum, not cut back on current use.
- Because the number of telemetry channels in use varies greatly from hospital to hospital, a two-tier approach would allow for efficient and flexible spectral use. A small number of dedicated very-low-power channels would accommodate most medical telemetry and other very-low-power licensees. With this dedicated area, larger hospitals and medical centers would require fewer additional channels, so more channels could be operated at higher power throughout the 450-470 MHz band, while still giving reasonable assurance of the availability of an adequate number of channels that are usable by medical telemetry on a secondary basis to supplement the channels available in the dedicated very-low-power area.

Elements of the Proposal

- Maintain the low-power status of offset channels where medical telemetry now operates, including prohibition on licensing the adjacent 6.25 kHz channels, until the following steps are completed.
- One-for-one swap of existing low-power offset channels for new channels in a
 dedicated contiguous 2.5 MHz very-low-power region (<120 mW, with limitations
 on non-medical telemetry use within hospitals) as quickly as space within the
 very-low-power region is made available. Note that the entire region need not be

cleared of all >120 mW licensees before the swapping could begin: a new channel could be swapped in provided that no >120 mW licensee was closer than 25 kHz. HP and SpaceLabs would submit the least frequently used channels to the frequency coordinator for swapping.

After the very-low-power region is established, the remaining offset channels still
used for telemetry could be relicensed for high-power use and medical telemetry
would be permitted to use all channels in the 450-470 MHz band on a secondary
basis.